

CHAPTER 7

Disenrollments

It will be necessary to disenroll participants from the Community Supports Waiver for various reasons. Regardless of the reason for disenrollment, the **Notice of Disenrollment (Community Supports Form 17)** must be completed **within two (2) working days**. You must complete the **Notice of Disenrollment (Community Supports Form 17)** by entering the basic identifying information and checking the box that corresponds with the reason for disenrollment. The form must be forwarded to the Waiver Enrollment Coordinator. You must also update the participant's Support Plan to reflect that they are being disenrolled from the waiver. The **Notice of Disenrollment (Community Supports Form 17) must be reviewed by a Supervisor and signed by a Supervisor**. Once completed, the original, including the Reconsideration and Appeals Procedure must be sent to the individual or his/her legal guardian. Copies of the **Notice of Disenrollment (Community Supports Form 17)** must also be sent to the Regional DHHS Medicaid Eligibility Worker and maintained in the participant's file.

Medicaid policy requires that Community Supports Waiver participants be given written notice regarding Community Supports Waiver disenrollment and a ten (10) calendar day waiting period, for allowance of appeal/reconsideration, before proceeding with the disenrollment, except in the conditions noted below. The following reasons do not require a ten (10) day notice before proceeding with disenrollment:

- Loss of Medicaid eligibility,
- Death,
- Individual moves out of state,
- Individual is admitted to an ICF/IID,
- Individual is admitted to a Nursing Facility,
- Individual has been in a hospital/nursing facility/jail in excess of thirty (30) consecutive days
- Individual enrolls into another HCB waiver
- Individual cost limit has been reached.

When completing the **Notice of Disenrollment (Community Supports Form 17)**, you must note the reason for the disenrollment. Disenrollment may occur for one of the following reasons:

- **Participant dies.** The Community Supports Waiver effective date of disenrollment will be the day the participant died.
- **Participant is no longer eligible for Medicaid as determined by SCDHHS/Eligibility.** The Community Supports Waiver effective date of disenrollment will be the day before the participant became Medicaid ineligible.
- **Participant has not received service(s) within 30 days of enrollment.** The Community Supports Waiver effective date of disenrollment will be forty (40) calendar days from the participant's enrollment date or if the form is being completed late, the Community Supports Waiver effective date of disenrollment will be ten (10) calendar days from the date that the **Notice of Disenrollment (Community Supports Form 17)** is completed.
- **Participant was admitted to an ICF/IID.** The Community Supports Waiver effective date of disenrollment will be the day before he/she was admitted to the facility.
- **Participant was admitted to a Nursing Facility.** The Community Supports Waiver effective date of disenrollment will be the day before he/she was admitted to the facility.

- **If the participant individual is enrolling in another HCB waiver**, he/she must disenroll from the Community Supports Waiver first. You will complete the **Notice of Disenrollment (Community Supports Form 17)**.

Note: To avoid a break in service, the Waiver Enrollments Coordinator will verify with you when the participant is ready to disenroll from the CSW and enroll into the selected waiver. Negotiate an acceptable enrollment date to allow for proper completion of all enrollment requirements.

Fax the **Notice of Disenrollment (Community Supports Form 17)** to the Waiver Enrollments Coordinator. A copy should also be provided to the participant and the original placed in the participant's file. Once disenrollment is complete, enrollment into the selected HCB waiver can begin.

Note: The new waiver enrollment date will be the day after termination from the CSW to ensure there is no break in service.

- **If the participant is voluntarily withdrawing or no longer wishes to receive services funded by the waiver**, the **Notice of Disenrollment (Community Supports Form 17)** and the **Voluntary Termination Statement (Community Supports Form 19)** must be completed. A copy of the **Voluntary Termination Statement (Community Supports Form 19)** must be submitted to the District I Waiver Coordinator when the **Notice of Disenrollment (Community Supports Form 17)** is sent to the Waiver Enrollments Coordinator. A copy should be provided to the participant and the original placed in the participant's file. The Community Supports Waiver effective date of disenrollment will be ten (10) calendar days from the date the participant notifies you that he/she wishes to voluntarily withdraw from the Community Supports Waiver.
- **Participant no longer meets ICF/IID Level of Care** (See Chapter 5 for information about ICF/IID LOC). The Community Supports Waiver effective date of disenrollment will be ten (10) calendar days after the date the participant was found to no longer meet ICF/IID Level of Care.
- **No service(s) received in thirty (30) calendar days.** This means the participant is not receiving services funded through the waiver and has not received a service for thirty (30) calendar days. In the space given, indicate the service or services not received in thirty (30) calendar days and the last date that services were received. The Community Supports Waiver effective date of disenrollment will be forty (40) calendar days following the participant's last date of service or if the form is being completed late, the Community Supports Waiver effective date of disenrollment will be ten (10) calendar days from the date that the **Notice of Disenrollment (Community Supports Form 17)** is completed. If the participant is able to resume services prior to the tenth (10th) day, the disenrollment can be disregarded and the participant can remain enrolled in the Community Supports Waiver. However, you must notify the Waiver Enrollments Coordinator in writing via e-mail or by telephone that the participant has received a service prior to the tenth (10th) day and that the disenrollment can be disregarded. You must receive verification from the Waiver Enrollments Coordinator to ensure that the **Notice of Disenrollment (Community Supports Form 17)** has not been processed.
- **Participant moved out of state.** The Community Supports Waiver effective date of disenrollment will be the date you were notified that the participant moved out of state and is no longer receiving services.

Temporary Out of State Travel

ID/RD Waiver participants may travel out of state and retain a waiver slot under the following conditions:

- the trip is planned and will not exceed 90 consecutive days;
- the participant **continues to receive a waiver service** consistent with SCDDSN policy;
- the waiver service received is provided by a South Carolina Medicaid provider;
- South Carolina Medicaid eligibility is maintained.

During travel, waiver services will be limited to the frequency of service currently approved in the participant's plan. Services must be monitored according to SCDDSN policy.

The parameters of this policy are established by SCDHHS for all HCB Waiver participants

The ID/RD Form 17 also includes a reason of “Other”. This reason should rarely be used and should not be used without first consulting with a District Waiver Coordinator.

The following three special exceptions apply to disenrollment and allow a participant to disenroll from the Waiver, but retain their Waiver slot for up to ninety (90) calendar days:

1. **A participant’s Medicaid eligibility has been interrupted**, but Medicaid eligibility should be reinstated within ninety (90) calendar days; therefore the participant will be disenrolled, but will remain in pending status for ninety (90) calendar days to allow for Medicaid Eligibility to be reinstated; therefore, retaining the slot. The Community Supports Waiver effective date of disenrollment will be the day before the participant became Medicaid ineligible.
 - **If Medicaid eligibility is not reinstated** within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked.
 - **If Medicaid is reinstated** within ninety (90) calendar days the participant may be enrolled without reapplying for a waiver slot. You must notify the Waiver Enrollments Coordinator that the participant has regained Medicaid Eligibility and is ready to be enrolled. You will be responsible for completing a new Freedom of Choice form along with completing a new initial request for Level of Care evaluation to the in SCDDSN Eligibility Division along with updating the plan. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS Eligibility Worker.
2. **A participant has not received any service(s) for thirty (30) calendar days due to provider non-availability or participant’s injury/illness**. The participant will be disenrolled, but will remain in pending status for ninety (90) calendar days to allow for provider procurement or participant’s recuperation; therefore, retaining the slot. The Community Supports Waiver effective date of disenrollment will be forty (40) calendar days following the participant’s last date of service or forty (40) calendar days from their enrollment date, if no services received. If the form is being completed late, the Community Supports Waiver effective date of disenrollment will be ten (10) calendar days from the date that the **Notice of Disenrollment (Community Supports Form 17)** is completed.

[1] **If a participant has an illness or injury** that prevents them from receiving any Community Supports Waiver service for thirty (30) days, they must be disenrolled from the Community Supports Waiver with ten (10) calendar day notice, but they can remain in pending status for ninety (90) calendar days to allow for recuperation. For example, a participant is only receiving day supports through the Community Supports Waiver and he/she injures himself. The injury prevents him from attending the day program and receiving day supports and no other Community Supports Waiver services are needed. [2] **If a provider cannot be located** to meet a participant’s need(s) and the participant has not received a service in thirty (30) calendar days, they must be disenrolled from the Community Supports Waiver with ten (10) calendar day notice, but they can remain in pending status for up to ninety (90) calendar days to locate a provider.

 - **If a provider has not been located or the participant is not ready to resume services** within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked.
 - **If a provider is located or the participant is ready to resume services** within ninety (90) calendar days the participant may be enrolled without reapplying for a waiver slot. You must notify the Waiver Enrollments Coordinator that the participant is ready to be re-enrolled. You will be responsible for completing a new Freedom of Choice form again along with completing a new initial request for Level of Care evaluation to the SCDDSN Eligibility Division. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS Eligibility Worker.
3. **A participant has entered the hospital/nursing facility/jail for an extended period of time that has exceeded thirty (30) calendar days**; however, the participant will still require their Community Supports Waiver services when released from the hospital/nursing facility/jail. Therefore, the participant will be disenrolled, but will

remain in pending status for ninety (90) calendar days; thereby, retaining the slot. The Community Supports Waiver effective date of disenrollment will be thirty (30) calendar days following the participant's last date of service.

- **If the participant has not been released from the hospital/nursing facility/jail** within ninety (90) calendar days, the participant will be removed from pending status and the slot will be revoked.
- **If the participant is discharged from the hospital/nursing facility/jail** within ninety (90) calendar days then the participant may be enrolled without reapplying for a waiver slot. You must notify the Waiver Enrollments Coordinator that the participant is ready to be re-enrolled. You will be responsible for completing a new Freedom of Choice form along with completing a new initial request for Level of Care evaluation to the SCDDSN Eligibility Division. The Waiver Enrollments Coordinator will complete the DHHS Form 118A and forward it to the SCDHHS Eligibility Worker.

If the **Notice of Disenrollment (Community Supports Form 17)** is not completed in 2 business days and forwarded to the Waiver Enrollments Coordinator, the provider could be responsible for payment of state plan or direct billed services. If the **Notice of Disenrollment (Community Supports Form 17)** is completed more than 2 business days after the disenrollment date, you must include the reason for delay. Often times the reason may be very legitimate (i.e. participant dies and family does not contact you immediately); however, it **MUST** be noted on the **Notice of Disenrollment (Community Supports Form 17)**. SCDHHS requires this information from SCDDSN. If it is not included, you will be contacted for this information and disenrollment will be delayed.

Regardless of the reason for disenrollment, it is the responsibility of the Waiver Case Management Supervisor or Early Intervention Supervisor to check the Waiver Tracking System to ensure that the participant has indeed been disenrolled within two days of submission of the **Notice of Disenrollment (Community Supports Form 17)**. When checking the WTS, you will note that the termination/disenrollment date will be directly under "Enrollment End Date" although there is an "E" in the Enrollment Status column. If you find after checking the system on several occasions that the participant continues to be enrolled, contact the Waiver Enrollments Coordinator immediately (see Attachment 2, Chapter 7) to ensure that the **Notice of Disenrollment (Community Supports Form 17)** was received.

The following special exception allows a participant to disenroll from the Waiver, but retain their Waiver slot until the next funded year:

The participant has reached the individual cost limit. If the participant has reached the Community Supports Waiver individual cost limit, no further services will be provided. The waiver slot will be put into "pending" status and the participant will be disenrolled. The disenrollment effective date will be the last day services were rendered. You will complete a **Notice of Disenrollment (Community Supports Form 17)** and forward a copy to the Waiver Enrollments Coordinator.

Please Note: If for some reason a waiver participant is determined not to have Intellectual Disabilities or Related Disability, you must complete a Level of Care Re-Evaluation which is warranted anytime the participant's condition changes. Since the participant is no longer eligible for DDSN services (meaning the participant does not have a diagnosis of Intellectual Disabilities or Related Disability), the participant would not meet ICF/IID Level of Care since ICF/IID Level of Care requires a diagnosis of Intellectual Disabilities or Related Disability. Therefore, you must submit the adverse Level of Care to the SCDDSN Eligibility Division as outlined in Chapter 5. **You cannot disenroll the participant from the Community Supports Waiver solely based on an eligibility decision.** A Level of Care Re-evaluation must be done and this decision upheld by the SCDDSN Eligibility Division before the participant can be disenrolled. Once this is received, you can proceed with disenrollment according to the outlined policy.